

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only	
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<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	Oscar Gonzalez
Total Postage and Fees \$ _____	10112 Suez Dr.
Sent To	El Paso, TX 79925
Street and Apt. No., or PO Box No.	3:23cv388DCG #13
City, State, ZIP+4®	PS Form 3800, April 2015 PSN 7530-02-000-9000